Indiana State Department of Health

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
	005042	B. WING		12/17/2014
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				
TERRE HAUTE REGIONAL HOSPITAL TERRE HAUTE, IN 47802				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
S 000 INITIAL COMMENTS		S 000		
The visit was for the investigation of one (1) State complaint.				
Complaint number: IN00155119 Unsubstantiated; lack of sufficient evidence.				
Date of survey: 12/17/14				
Facility number: 005042				
Surveyor: Jennifer Hembree RN Public Health Nurse Surveyor				
Terre Haute Regional Hospital is in compliance with 410 IAC 15-1.5-2 Infection Control and 410 IAC 15-1.5-6 Nursing Services.				
QA Review: JLee 01-	21-15			
	SUMMARY ST. (EACH DEFICIENCY REGULATORY OR LE INITIAL COMMENTS The visit was for the i complaint. Complaint number: Unsubstantiated; lac Date of survey: 12/1 Facility number: 005 Surveyor: Jennifer H- Public Health Nurse S Terre Haute Regional with 410 IAC 15-1.5-2 IAC 15-1.5-6 Nursing	OUTDER OR SUPPLIER STREET AD 3901 S SE TERRE HA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS The visit was for the investigation of one (1) State complaint. Complaint number: IN00155119 Unsubstantiated; lack of sufficient evidence. Date of survey: 12/17/14 Facility number: 005042 Surveyor: Jennifer Hembree RN Public Health Nurse Surveyor Terre Haute Regional Hospital is in compliance with 410 IAC 15-1.5-2 Infection Control and 410	DOUDER OR SUPPLIER STREET ADDRESS, CITY, STA 3901 S SEVENTH ST TERRE HAUTE, IN 4780: SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS The visit was for the investigation of one (1) State complaint. Complaint number: IN00155119 Unsubstantiated; lack of sufficient evidence. Date of survey: 12/17/14 Facility number: 005042 Surveyor: Jennifer Hembree RN Public Health Nurse Surveyor Terre Haute Regional Hospital is in compliance with 410 IAC 15-1.5-2 Infection Control and 410 IAC 15-1.5-6 Nursing Services.	DOUDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3901 S SEVENTH ST TERRE HAUTE, IN 47802 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS The visit was for the investigation of one (1) State complaint. Complaint number: IN00155119 Unsubstantiated; lack of sufficient evidence. Date of survey: 12/17/14 Facility number: 005042 Surveyor: Jennifer Hembree RN Public Health Nurse Surveyor Terre Haute Regional Hospital is in compliance with 410 IAC 15-1.5-2 Infection Control and 410 IAC 15-1.5-6 Nursing Services.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE